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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10050,604 01/18/2002 Masakazu Ogasawara Q68036 4626  TITLE OF INVENTION: ABERRATION CORRECTING APPARATUS  APPLIN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$0 \$1700 12/19/2006  EXAMINER ART UNIT CLASS-SUBCLASS  CHOW, LIXI 2627 369-112020  2. For printing on the patent front page, list (1) the page of our expondence address or indication of "Fee Address' (37) (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 1 months of the patent front page, list (1) the names of up to 2 registered attorney or agents OR, alternatively.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for reconstation as set front in 30 CFR 3.11. Completion of this form is NOTE a substatic for filling an assignment.  (A) NAME OF ASSIGNEE (8) RESIDENCE: (CITY and STATE OR COUNTRY)  TOKYO, JAPAN  Please check the appropriate assignce category or categories (will not be printed on the patent):   Cladicidada Security of this form.  40. Payment by credit card, Form PTO-2038 is statehed.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  TOKYO, JAPAN  Please check the appropriate assignce category or categories (will not be printed or the patent):   Cladicidada Security of this form.  40. Payment by credit card, Form PTO-2038 is statehed.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  TOKYO, JAPAN  Please check the appropriate assignment as of the main of the patent of the	2100 Pennsylvan	nia Avenue NW		trar	smitted to the USP	TÖ (57	) 273-2885, on the da	ate indicated below.		
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PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PIONEER CORPORATION  TOKYO, JAPAN  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4c) Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any pr	_				2 registered patent attorneys or agents. If no name is					
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recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  TOKYO, JAPAN  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual Corporation or other private group entity Government by Payment of Fee(s): (Please first reapply any previously pald Issue fee shown above)  Issue Fee  A check is enclosed. Payment of Fee(s): (Please first reapply any previously pald Issue fee shown above)  Advance Order - # of Copies  Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).  S. Change In Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature /Kelly G. Hyndman 39,234/  Typed or printed name KELLY G. HYNDMAN  Registration No. 39,234	3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE	PRINTED ON T	THE PATENT (print or ty	pe)				
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